MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

CLAIMS	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17	1					
18		1				
19		1				
20		1				
21	1					
22		1				
23		1				
24		3				
25	1					
26		1				
27		2				
28	1					
29		1				
30		1				
31	1					
32		1				
33		2				
34	1					
35	1					
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	16					
TOTAL CLAIMS	23					

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
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66						
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90						
91						
92						
93						
94						
95						
96						
97		1				
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						